MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

10/588462

FILING DATE

APPLICANT(S)

CL		•	•	•	-
. '1	Λ.		n	. 4	u
	m			r.	

		-	-	·	_		
	AS FILED		AF CAME	TER HOMENT	AFTER 1 "ANIENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1			-			-	
2					*****		
3			·				
5		<u>-</u>					
6							
7							
8							
9		!					
10 11							
12							
13		. 1 .			;	<u> </u>	
14							
15 16							
17							
18			***************************************				
19						-	
20 21			<u>:</u>	•			
22							
23							
24 25	<u> </u>						
26							
27 28				<u>-</u>			
28						<u> </u>	
29 30		·	<u>~</u>				
30 31							
32							
33 34							
35.							
36			~~~~				
37							
38							
39 40							
41							
42						·	
43							
44 45 .	· · · /						
46			~- 			,	
47		2					
48.	4						
49							
50							
OTAL EYO.	_2	4		4		1	
TAL DEP	18	der I		de		44	
TOTAL CLABAS	20	NAME OF TAXABLE PARTY.		E 150 E 150		-	
	00	MIX CONTRACT		经济经历经		12001311	

	AS FILED		AF	TER Hoxient	AFTER	
	IND.	DEP.	IND.	DEP.	TATE	NDMENT
51				DEL.	TMD.	DEP.
52			1			<u> </u>
53	·		,		***************************************	
54 55			+			
56	***************************************					***********
57			,		-	
58	***************************************		·			, .
· 59	7					
60						
61		-				
63						
64 -	~- 		· ·			
65				· ·		
66						
67 68						
69						
- 70						·
71						
72						- 31
73 74						
74 75						
76						
77						- 4
78 79						
80				· ·		
. 81						
82						
83 84						· · ·
85					5	
. 86						
87						
88						
89 90						
91		-				
91 92						
93						
94						-
95 96				20000000		
97						
98				<u> </u>		
99					-	100
100						
TOTAL IKO.		4		4		4
TOTALDER		4		4		411
TOTAL CLANS						

U.S. DEPARTMENT of COMMERCE Fateri and Tyndemark Office